

TOWN OF NORTH ANDOVER
Community & Economic Development
HEALTH DEPARTMENT
120 Main Street
NORTH ANDOVER, MASSACHUSETTS 01845



978.688.9540 – Phone
978.688.9542 - Fax

APPLICATION FOR DISPOSAL WORKS INSTALLER'S LICENSE

**** Please note that the individual septic INSTALLER is licensed, not the company ****

DATE: _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:

NAME:

AFFILIATED WITH FIRM OR CORPORATION:

ADDRESS OF COMPANY:

TELEPHONE OF COMPANY:

E-Mail:

TO: CONSTRUCT AND REPAIR SUBSURFACE DISPOSAL SYSTEMS

In the Town of North Andover, Massachusetts in accordance with the rules and regulations made under authority of said statutes.

Signature of Applicant

Contact Phone #: _____

Home Address: _____

FEE: \$80.00

RENEWALS - LATE FEE: Additional \$80.00 - after January 1st

Please make check payable to the *Town of North Andover, and mail to above address.*

First time applicants include:

- *Copy of Heavy Equipment Operators License*
- *Proof of \$100,000 General Liability Insurance*
- *Three (3) letters of reference*
- *Copies of licenses from other towns*